

DURHAM COMMUNITY HEALTH NETWORK –CAII

POLICIES & PROCEDURES

CAP/C fees for assessments requested after a denied referral

Responsibility:**PROCEDURE:**

CAP/C Nurse Case Manager

1. If a family requests an assessment for CAP/C services after receiving a denial from the Division of Medical Assistance of their referral, the nurse case manager should do the following:

Nurse Case Manager and Division
administrative support personnel

- A. For a child who already has Medicaid, schedule the assessment with the family. If the child is not approved for CAP/C, the assessment claim should be billed at a rate of \$375 and completed according to section 9.5.4 of the CAP/C manual.
- B. For a child who does not have Medicaid, the family must be informed both verbally and in writing that they will be billed for the assessment if their child's assessment is denied based on the Medicaid reimbursement rate of \$375. If the family is unable to pay the \$375 in full, a payment plan can be arranged by contacting the DCHN Network Coordinator.

DCHN Network Coordinator

Nurse Case Manager

2. Families who proceed with an assessment after being informed of associated assessment fees must sign an acknowledgement of the agreed upon charges prior to scheduling the assessment.

Nurse Case Manager and Division
administrative support personnel

3. Nurse case manager will coordinate with Division Finance contact to generate an invoice for the family upon completion of the assessment.

Nurse Case Manager

4. Nurse case manager must document all conversations with the family regarding assessment and fees.

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Reviewed by: JAS
